

FID/SSN _____

EXCISE DIVISION - CITY OF SAINT LOUIS
ROOM 416 - CITY HALL • (314) 622-4191

ADDRESS OF ORGANIZATION : _____

LOCATION OF EVENT: _____

TIME ASSIGNED: FROM _____ (AM/PM) TO _____ (AM/PM)

MANAGER'S ADDRESS _____

ADDITIONAL INFORMATION:

*** ALL LIQUOR PRODUCTS MUST BE OBTAINED FROM A DULY LICENSED WHOLESALER.**
*** FOR ALL OUTSIDE EVENTS/FESTIVALS NO GLASS BOTTLES OR CONTAINERS.**

PERMITS NEEDED

Street Department _____

Parks Department

Board of Public Service

Fire Marshall Approval _____

501 (3) C Charter

Fire Marshall Approval _____

ADDITIONAL REQUIREMENTS: _____

This application complies with Title 14 of the Revised Code of the City of Saint Louis and is approved for issuance.

Excise Commissioner

Attested: _____